

Enter/Withdraw Appearance - External

Starting the Process

Entering or Withdrawing your appearance from a Claim is now a streamlined and consolidated process. Both options use the same start form but display dynamic fields based on your selection.

1 Identify the underlying Claim by filling in the textboxes. The Claim Number and an additional piece of identifying information is required

The screenshot shows the 'Start New Action' form with the following fields and options:

- Claim:** Claim Number: W000727
- Claim Inquiry:** You must enter one piece of information in order to access a claim. Claimant SSN: XXX - XX - [] Claimant Last Name: medina Claimant Date of Birth: MM/dd/yyyy
- Enter / Withdraw Appearance:** Enter Appearance Withdraw Appearance
- Create** button

2 Select whether you are Entering or Withdrawing your appearance using the checkboxes provided.

The screenshot shows the 'Start New Action' form with the following fields and options:

- Claim:** Claim Number: W000727
- Claim Inquiry:** You must enter one piece of information in order to access a claim. Claimant SSN: XXX - XX - [] Claimant Last Name: medina Claimant Date of Birth: MM/dd/yyyy
- Enter / Withdraw Appearance:** Enter Appearance Withdraw Appearance
 - The client has another attorney of record.
 - The claim has been settled and there is no possibility of any further medical benefits. The order approving the final agreement of settlement with no possibility of any further medical benefits was issued.
- Create** button

If Withdraw Appearance is selected, additional options will be displayed.

Enter/Withdraw Appearance

Enter Appearance

To Enter your appearance simply select the Party type, sign, and submit. if you are representing an organization CompHub will prompt you to select the Organizations from the Claim File .

Employer & Insurer

Employer	Insurer
ORGANIZE MY SPACE LLC	ACCEPTANCE INSURANCE CO

Parties

Name	Party
Carlos Medina	Claimant
Catherine Davis	Employer
ROB ZOMBIE	Employer
VICTORIA QUEEN	Insurer

Enter Appearance

Party: [Redacted]

Are you the primary attorney? Yes No

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on June 15, 2023, that service of the foregoing was made in accordance with the Maryland Workers' Compensation Commission Rules and Regulations.

By checking this box, I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act.

Based on the Party Type you may need to provide the Employer/Insurer.

Enter Appearance

Party: Employer Attorney

Are you also representing an insurer? Yes No

Employer: Please select.

Are you the primary attorney? ORGANIZE MY SPACE LLC - 70954

CERTIFICATIONS AND SIGNATURE

Enter Appearance

Party: Insurer Attorney

Are you also representing an employer? Yes No

Insurer: Please select.

Are you the primary attorney? ACCEPTANCE INSURANCE CO

CERTIFICATIONS AND SIGNATURE

MARYLAND WORKERS' COMPENSATION COMMISSION

REQUEST TO ENTER APPEARANCE OF COUNSEL

This form is to be used by an attorney only to enter his/her appearance on behalf of a Claimant, SF, UDF, Healthcare Provider, Employer, or Insurer.

WCC Claim Number: W000274
 Date of Accident: 01/01/2020

Claimant:

- Name: Carlos Medina Attorney: Aruna Kamana

Employers:

- Name: ORGANIZE MY SPACE LLC Attorney:

Insurers:

- Name: ACCEPTANCE INSURANCE CO Attorney:

HealthCare Provider (if applicable):

- Name: Attorney:

ATTORNEY INFORMATION

Name of Counsel: Aruna Kamana
 Address: 1001 CONNECTICUT AVE NW
 City, State, ZIP Code: WASHINGTON, DC, 20036-5504
 Telephone: 4876876293
 Email: akamana@wcc.state.md.us
 On Behalf of: Claimant Attorney

CERTIFICATION

I HEREBY CERTIFY that on June 15, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

I affirm this is the electronic signature of the submitter for all purposes under the Maryland Workers' Compensation Law, Title 9 of the Labor & Employment Article of the Annotated Code of Maryland and the Maryland Uniform Electronic Transactions Act, Title 21 of the Commercial Law Article of the Annotated Code of Maryland.

Electronically Signed By:
 Aruna Kamana

Date: 06/15/2023 11:51 AM

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1 Choose the Party using the dropdown and specify your status as the primary attorney. Don't forget to Sign and Certify !

Enter/Withdraw Appearance

Withdraw Appearance

Withdrawing your Appearance requires identifying the Claim and specifying that you are in fact withdrawing, along with other supplemental information. Depending on the options chosen the Motion to Withdraw or Notice of Withdrawal Form will display.

Start New Action

Claim

Claim Number: W000727

Claim Inquiry

You must enter one piece of information in order to access a claim.

Claimant SSN: XXX - XX - []

Claimant Last Name: medina

Claimant Date of Birth: MM/dd/yyyy []

Enter / Withdraw Appearance

Enter Appearance Withdraw Appearance

The client has another attorney of record.

The claim has been settled and there is no possibility of any further medical benefits. The order approving the final agreement of settlement with no possibility of any further medical benefits was issued.

Create

1 Select Withdraw appearance and if applicable; select whether the client has another attorney of record and if the claim has been settled with no possibility of any further medical benefits.

Enter/Withdraw Appearance

Withdraw Appearance Cont.

The Motion to Withdraw or Notice to Withdraw Form is used to complete the withdrawal. See the forms below for the required fields.

Motion to Withdraw Appearance

INSTRUCTIONS: This form should only be used if your client has another attorney of record, or the claim has been settled and there is no possibility of any future medical benefits. Otherwise, you must submit Motion to Withdraw Appearance.

Case Information

Case Number:	EWA-662	Status:	Processing
Created Date:	07/11/2023	Created By:	Devin Maxwell

Claim Number: W201468 Claimant Name: Devin Maxwell III

Employer & Insurer

Employer	Insurer
CASINO INC	NON-INSURED EMPLOYER
CASINO INC	UNINSURED EMPLOYERS FUND

Motion to withdraw information

In accordance with COMAR 14.09.04.01E(2), the undersigned counsel moves to withdraw their appearance for the following reasons:

Note: If this motion is filed less than 10 business days prior to a hearing, please also explain why withdrawal of representation will not cause undue delay, prejudice, or injustice.

Please click + icon below to add new supporting document(s)

All attachments should be converted to PDF format before uploading

To delete / edit a particular row, select the corresponding row and then click on the appropriate icon (delete / edit).

Attachments

No records

I HEREBY CERTIFY that

the client has consented to the withdrawal and a copy of the signed, written consent is attached; or

that notice has been mailed to the client on which is at least 5 business days prior to the filing of this motion, informing the client of the attorney's intention to move for withdrawal and advising the client to have another attorney enter an appearance or to notify the Commission in writing or through CompHub of the client's intention to proceed in proper person.

Date mailed: MM/dd/yyyy

I understand that the Commission may deny the motion if withdrawal of the appearance would cause undue delay, prejudice, or injustice.

Motion to Withdraw

Notice to Withdraw Appearance

Case Information

Case Number:	EWA-663	Status:	Processing
Created Date:	07/11/2023	Created By:	Devin Maxwell

Claim Number: W201468 Claimant Name: Devin Maxwell III

Employer & Insurer

Employer	Insurer
CASINO INC	NON-INSURED EMPLOYER
CASINO INC	UNINSURED EMPLOYERS FUND

CERTIFICATIONS AND SIGNATURE

I HEREBY CERTIFY that on July 11, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.

I HEREBY CERTIFY that at least 15 days prior to the filing of the Notice, a copy of the following was mailed to the client in accordance with COMAR 14.09.04.01E and that the client had consented or had not responded: (a) Notice to Withdraw Appearance; and (b) notice advising the client (i) to have another attorney enter an appearance; or (ii) to notify the Commission in writing of the client's intention to proceed in proper person. I also certify that in accordance with COMAR 14.09.04.01F (1) copies of the Notice to Withdraw Appearance form with the attachment required by this regulation were served on all parties; and (2) notice of any pending hearing was mailed to the attorney's client.

Notice of Withdrawal

WORKERS' COMPENSATION COMMISSION

NOTICE TO WITHDRAW APPEARANCE

WCC Claim Number: W000727
Date of Accident: 06/12/2020

Claimant:
• Name: Carlos Medina Attorney: Aruna Kamana

Employers:
• Name: CIRDAN GROUP Attorney: Alice Baker

Insurers:
• Name: ALLFIRST FINANCIAL INC. Attorney:

Health Care Provider (if applicable):
• Name: Attorney:

The Counsel listed below, who currently represents the following party in the above-referenced claim, hereby gives notice that said attorney's appearance is stricken from this case: /
Other Party/Claimant Attorney

ATTORNEY INFORMATION

Name of Counsel: Aruna Kamana
Address: 1001 CONNECTICUT AVE NW
City, State, ZIP Code: WASHINGTON, DC, 20036-5504
Telephone: 4876876293
Email: akamana@wcc.state.md.us

In Accordance with COMAR 14.09.04.03E(1), the undersigned counsel file this notice of withdrawal because:
[X] The client has another attorney of record.
[] The claim has been settled and there is no possibility of any further medical benefits. The ord

CERTIFICATION OF SERVICE

I HEREBY CERTIFY that on June 15, 2023, that service of the foregoing was made in accordance with COMAR 14.09.01.03.
I HEREBY CERTIFY that at least 15 days prior to the filing of the Notice, a copy of the following was mailed to the client in accordance with COMAR 14.09.04.01E and that the client had consented or had not responded: (a) Notice to Withdraw Appearance; and (b) notice advising the client (i) to have another attorney enter an appearance; or (ii) to notify the Commission in writing of the client's intention to proceed in proper person. I also certify that in accordance with COMAR 14.09.04.02F (1)

WCC Form C25R (Rev. 02/2019) 10 East Baltimore Street • Baltimore, Maryland 21202-1641

PDF